

**PLAINTIFF'S MOTION  
EXHIBIT 26**

1 S. SANGENITI

2 retake it?

3 A. Oh, sure.

4 Q. It happens frequently?

5 MR. RADOMISLI: Objection.

6 A. It happens.

7 Q. Does it happen that the reason  
8 why the numbers seem different is because  
9 you had a hard time hearing?

10 A. No.

11 Q. No. Then why is it important  
12 that the room be quiet?

13 A. It assists you in evaluating the  
14 condition.

15 Q. So if a radio was blaring in the  
16 background while you're taking blood  
17 pressure, that would interfere with your  
18 ability to hear or take a blood pressure  
19 reading, right?

20 MR. RADOMISLI: Objection.

21 A. Yes.

22 Q. What blood pressure reading did  
23 you get from Officer Schoolcraft?

24 A. Like 160 over 120.

25 Q. The record should reflect that

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2 you're looking at the second page of the PCR  
3 and you're looking at assessment for the  
4 first of the initial assessment; is that  
5 right?

6 A. Correct.

7 Q. You don't, sitting here today,  
8 remember getting that reading, you're just  
9 relying on the PCR, right?

10 A. Correct.

11 Q. Other than getting the top and  
12 bottom number, what else did you do when you  
13 were taking Schoolcraft's vitals?

14 A. His pulse, taking his pulse, his  
15 respiration, listening to his lungs.

16 Q. Did you listen to his lungs?

17 A. I did.

18 Q. Did you take his pulse?

19 A. I did.

20 Q. Are these readings here, 120 for  
21 pulse and 20 for respiration, the readings  
22 that you got?

23 A. Yes.

24 Q. Did you make those entries on  
25 this chart?

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2 A. No.

3 Q. Who did?

4 A. Jessica Marquez.

5 Q. Did she do that at the time that  
6 the readings were being taken or sometime  
7 thereafter?

8 A. No, when they were being taken.

9 Q. So she was in the room with you?

10 A. Yes.

11 Q. And you conveyed this  
12 information to her and she wrote it down on  
13 the PCR?

14 A. Yes.

15 Q. Did you have any role in making  
16 any of the markings on the PCR that you have  
17 in front of you?

18 A. No.

19 Q. Who had a role in the markings  
20 on the PCR in front of you?

21 MR. RADOMISLI: Objection to  
22 form to the prior question. Objection  
23 to form to this question.

24 A. Jessica Marquez.

25 Q. So the handwriting on this

1 S. SANGENITI

2 document is all Marquez?

3 A. Correct.

4 Q. None of it's yours?

5 A. Correct.

6 Q. What does the blood pressure  
7 reading of 160 over 120 mean to you?

8 A. Person's in hypertensive -- not  
9 really hypertensive crisis.

10 Q. What does that mean?

11 A. It's -- normal blood pressure is  
12 approximately 110 over 70, 120 over 80, 160  
13 over 120 is a little high.

14 Q. Is that an emergency situation?

15 A. We were there so, yeah, sure.

16 Q. No, I didn't ask you about that.

17 A. Is that condition, yes.

18 Q. So 160 over 120 is an emergency  
19 situation?

20 A. Yes.

21 Q. Does, in your experience, a  
22 blood pressure reading like that require you  
23 immediately take the person to the hospital?

24 A. After evaluation, yes.

25 Q. Did you take Schoolcraft to the

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2 hospital right after this evaluation?

3 A. Of the initial evaluation there  
4 was a time that Officer Schoolcraft, after  
5 bringing him down to my vehicle, ran back to  
6 the apartment.

7 Q. Let me -- you told me that  
8 normal blood pressure is what?

9 A. 110 over 70, 120 over 80.

10 Q. Does it depend upon the age of  
11 the person?

12 MR. RADOMISLI: Objection to  
13 form.

14 A. No.

15 Q. So if 120 over 80 is a normal  
16 blood pressure reading, how high do the  
17 numbers have to get in order for them to be  
18 considered to be an emergency situation by  
19 you?

20 A. What other signs and symptoms.  
21 It could be a person with 140 over 90 could  
22 have other underlying conditions that  
23 warrant it as an emergency.

24 Q. I am just asking you --

25 A. There is no really set number.

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2 Q. So the 160 over 120 depends upon  
3 circumstances, right?

4 A. Correct.

5 Q. If somebody had just been going  
6 through a stressful event in their life  
7 moments before taking a reading that yielded  
8 a 160 over 120, that wouldn't necessarily  
9 tell you that there was an emergency  
10 situation; right?

11 A. Correct.

12 Q. You remember if Schoolcraft was  
13 undergoing a stressful moment at time you  
14 took the blood pressure reading?

15 MS. PUBLICKER METTHAM:

16 Objection.

17 A. Well, we entered his home and he  
18 was again, agitated.

19 Q. Fair to say that when a bunch of  
20 police officers enter somebody's home that's  
21 the kind of circumstance that would increase  
22 somebody's blood pressure?

23 MR. RADOMISLI: Objection.

24 A. Not in every instance, but yes.

25 Q. What about having a superior

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2 officer tell you that you're suspended,  
3 would that be the kind of thing that would  
4 elevate somebody's blood pressure?

5 MR. RADOMISLI: Objection.

6 MS. PUBLICKER METTHAM:

7 Objection.

8 A. I can't speculate on it. I'm  
9 not that person.

10 Q. No, I understand that you're not  
11 that person, but you have an enormous amount  
12 of experience taking blood pressure  
13 readings, don't you?

14 A. Yes.

15 Q. As an EMT you have probably  
16 taken tens of thousands of blood pressure  
17 readings over the past 25 years, right?

18 A. Correct.

19 Q. Given that background, can you  
20 tell me whether or not a person being told  
21 by their superior officer that they're  
22 suspended is the kind of circumstance that  
23 would lead to or could lead to an elevated  
24 blood pressure reading?

25 MS. PUBLICKER METTHAM:



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2 Objection.

3 MR. RADOMISLI: Objection.

4 A. It could, but what happened is  
5 that the officer told me that was his normal  
6 blood pressure.

7 Q. I'm not trying argue with you.

8 A. Nope, not at all.

9 Q. I just want you to answer my  
10 question.

11 A. Okay.

12 Q. All right. I will restate my  
13 question just so it's clear. It's my  
14 understanding that you just told me that  
15 based on your experience, if somebody is  
16 told by his superior officer that they're  
17 being suspended that those are the kind of  
18 facts that could lead to an elevated blood  
19 pressure; is that correct?

20 MS. PUBLICKER METTHAM:

21 Objection.

22 MR. RADOMISLI: Objection.

23 Substance.

24 Q. Is that correct?

25 A. Yes.

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2 MR. SMITH: Going to just stop  
3 right now.

4 Q. Was that your voice that we just  
5 heard?

6 MR. RADOMISLI: Objection to  
7 form.

8 A. Yes.

9 MS. PUBLICKER METTHAM: What  
10 time did you stop?

11 MR. SMITH: At 10:24.

12 Q. What were the words you just  
13 said?

14 A. I'm sorry, I forgot already what  
15 you said. Oh, I said what's going on.

16 MR. SMITH: Okay, all right, so  
17 picking back up at 10:24.

18 Q. I may stop it at certain points  
19 in the recording and ask you some questions  
20 about that.

21 A. Okay. I got to pay attention, I  
22 know.

23 (Whereupon a recording was  
24 played.)

25 MR. SMITH: I'm stopping at

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2 11:17.

3 Q. Were you in Officer  
4 Schoolcraft's bedroom at the time that these  
5 events were transpiring that we just  
6 listened to?

7 A. Yes.

8 Q. And in the background on the  
9 tape I could hear some Velcro. Did you hear  
10 that as well?

11 A. Yes.

12 Q. Is that sound of you -- I also  
13 heard some other sounds. Is that the sound  
14 of you taking out the equipment that you  
15 used to do various --

16 A. Well, to remove the BP cuff.

17 Q. So the background noise of the  
18 Velcro, that's you're manipulating your  
19 equipment; is that correct?

20 A. Correct.

21 MR. SMITH: Proceeding at 11:17.

22 (Whereupon, a recording was  
23 played.)

24 MR. SMITH: Stopping it at  
25 11:39.

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2 Q. Did you just hear some other  
3 sounds --

4 A. Sure.

5 Q. -- just seconds before I stopped  
6 the recording?

7 A. I'm inflating the BP cuff.

8 Q. Okay. That's what I was going  
9 to ask you. What were you doing? What does  
10 that mean to inflate the BP cuff?

11 A. To initiate starting to take a  
12 blood pressure.

13 Q. Is that the sound we heard is  
14 the sound of you squeezing that black ball?

15 A. Correct.

16 Q. Inflating the BP cuff?

17 A. Correct.

18 Q. How many times did you inflate  
19 it or how many times did you press the  
20 little black ball?

21 A. I couldn't tell you that.  
22 There's no specific.

23 Q. Did it sound like a lot or a  
24 little to you?

25 MR. RADOMISLI: Objection.

1 S. SANGENITI

2 A. It sounded...

3 Q. It sounded regular?

4 A. As I'm trying to inflate, yes.

5 MR. SMITH: Proceeding at 11:39.

6 Q. Oh, before that, you heard the  
7 chief saying you're suspended?

8 A. Yes.

9 Q. And seconds later you took his  
10 blood pressure, right?

11 MR. RADOMISLI: Objection to  
12 form.

13 Q. Is that correct?

14 A. Yes.

15 Q. Is the act of somebody being  
16 suspended by their chief the kind of act  
17 that would ordinarily, in your experience,  
18 lead somebody's blood pressure to go up?

19 MR. RADOMISLI: Objection.

20 MR. LEE: Objection.

21 A. I think anybody telling me  
22 something I didn't want to hear would  
23 agitate me.

24 Q. When you hear something that  
25 agitates you, it's likely to cause your

1 S. SANGENITI

2 blood pressure to elevate?

3 A. Sure, yes.

4 Q. All right. Thank you.

5 MR. SMITH: So I'm now  
6 proceeding at 11:39.

7 (Whereupon, a recording was  
8 played.)

9 MR. SMITH: Stopping at 12:14.

10 Q. Did you hear a female voice on  
11 the recording at the point just before I  
12 stopped it?

13 A. Yes.

14 Q. Whose voice did you hear?

15 A. Lieutenant Hanlon.

16 Q. What was she saying to you?

17 A. Sal. Sal.

18 Q. What was she communicating to  
19 you at that moment?

20 A. Truthfully, I don't remember.

21 Q. Where was she standing when she  
22 was speaking to you?

23 A. Probably along the outside of  
24 the room.

25 Q. So she was getting your